

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street)

PO BOX 550

ONE PARK PLAZA

☐Check if different  
than previously  
reported. (ACC)

NASHVILLE

TN

37203

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00067231

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report (Q1)☐July 15  
Quarterly Report (Q2)☐October 15  
Quarterly Report (Q3)☐January 31  
Quarterly Report (YE)☐July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☒

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2006

through

05

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

David Anderson

Signature of Treasurer

Electronically Filed by David Anderson

Date

06

15

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		77804.28
(b) Cash on Hand at Beginning of Reporting Period .....	47213.54	
(c) Total Receipts (from Line 19) .....	43943.90	52557.55
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	91157.44	130361.83
7. Total Disbursements (from Line 31) .....	4183.13	43387.52
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	86974.31	86974.31
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	29375.00	33900.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	14390.00	17057.50
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	43765.00	50957.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	43765.00	50957.50
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	178.90	1100.05
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	43943.90	52557.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	43943.90	52557.55

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		183.13	2542.83
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		183.13	2542.83
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		4000.00	34219.69
24. Independent Expenditure (use Schedule E) .....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs) .....		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		0.00	0.00
29. Other Disbursements.....		0.00	6625.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....		0.00	0.00
(ii) "Levin" Share .....		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		4183.13	43387.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		4183.13	43387.52

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	43765.00	50957.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	43765.00	50957.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	183.13	2542.83
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	183.13	2542.83

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Lana Arad Mailing Address 2313 Flower Spring City State Zip Code Las Vegas NV 89134 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MountainView Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">500.00</div>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y  0 5 / 3 1 / 2 0 0 6 </div> <b>Transaction ID:</b> SA11A1.12242 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>
<b>B.</b> Full Name (Last, First, Middle Initial) Ernie Bacon Mailing Address 224 4th Avenue South City State Zip Code Franklin TN 37064 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Horizon Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">250.00</div>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y  0 5 / 1 0 / 2 0 0 6 </div> <b>Transaction ID:</b> SA11A1.12010 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">250.00</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Brian Baumgardner Mailing Address 1700 S 23rd St. City State Zip Code Ft Pierce FL 34954 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lawnwood Regional Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <div style="text-align: right;">500.00</div>			Date of Receipt <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y  0 5 / 3 1 / 2 0 0 6 </div> <b>Transaction ID:</b> SA11A1.12158 Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Kathy Bobbs

Mailing Address One Park Plaza

City State Zip Code  
 Nashville TN 37203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
JFK Medical Center

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.11982

Amount of Each Receipt this Period

750.00

**B.**

Full Name (Last, First, Middle Initial)

Linda G. Breum

Mailing Address 1701 Missouri Ave

City State Zip Code  
 Sanford FL 32771

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Central Florida Regional  
Hospital

Occupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.12049

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

James Burns

Mailing Address 1433 Achilles St

City State Zip Code  
 Port Charlotte FL 33980

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fawcett Memorial Hospital

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12256

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Lee Chaykin		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 1400 NW 12th Avenue		<b>Transaction ID:</b> SA11A1.12050
City Miami	State FL	Zip Code 33136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Cedars Medical Center	Occupation Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Patrick Connor		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 1962 Lynton Circle		<b>Transaction ID:</b> SA11A1.12168
City Wellington	State FL	Zip Code 33414
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Columbia Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert Conroy		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 1267 Greybrooke Place		<b>Transaction ID:</b> SA11A1.12187
City Oldsmar	State FL	Zip Code 34677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Regional Medical Center Bayonet Point	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Bryce DeHaven		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 2313 NE Lake Breeze Ln.		
City	State	Zip Code
Lee's Summit	MO	64086
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.11997
Name of Employer Independence Regional		Amount of Each Receipt this Period 500.00
Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>B.</b> Full Name (Last, First, Middle Initial) Robert Dunwoody		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 2640 Riverview Ct		
City	State	Zip Code
Vero	FL	32968
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.12152
Name of Employer Lawnwood Regional Medical Center		Amount of Each Receipt this Period 500.00
Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00

<b>C.</b> Full Name (Last, First, Middle Initial) Sandra Emeott		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address PO Box 2046		
City	State	Zip Code
Pulaski	VA	24301
FEC ID number of contributing federal political committee.		Transaction ID: SA11A1.12076
Name of Employer Pulaski Community Hospital		Amount of Each Receipt this Period 350.00
Occupation OR Mgr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Garfield			Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 1845 Thompson Station Rd West			<b>Transaction ID:</b> SA11A1.12006	
City	State	Zip Code	Amount of Each Receipt this Period 750.00	
Thompson Station	TN	37179		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Centennial Medical Center		Occupation COO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		
<b>B.</b> Full Name (Last, First, Middle Initial) Cheryl Goforth			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 3141 S Indian River Dr			<b>Transaction ID:</b> SA11A1.12153	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
Ft Pierce	FL	34982		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer Lawnwood Regional Medical Center		Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
<b>C.</b> Full Name (Last, First, Middle Initial) Carol Gregory			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 1501 S Potomac			<b>Transaction ID:</b> SA11A1.12132	
City	State	Zip Code	Amount of Each Receipt this Period 500.00	
Aurora	CO	80012		
FEC ID number of contributing federal political committee. <b>C</b>				
Name of Employer TMCA		Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Stan Hickson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 172 Historic Drive		<b>Transaction ID:</b> SA11A1.12111
City Mt Pleasant	State SC	Zip Code 29464
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Trident Health System	Occupation Assoc Admin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Holly Hill		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 5655 Frist Blvd.		<b>Transaction ID:</b> SA11A1.11970
City Hermitage	State TN	Zip Code 37076
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Summit Medical Center	Occupation Cardiac Dir.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mark Howard		Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 7641 Belmondo Lane		<b>Transaction ID:</b> SA11A1.12239
City Las Vegas	State NV	Zip Code 89128
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer MountainView Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Ashley F. Johnson

Mailing Address 4865 Shoreline Circle

City State Zip Code  
 Sanford FL 32771

FEC ID number of contributing federal political committee.

C

Name of Employer  
Central Florida Regional  
HospitalOccupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.12051

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kevin Johnson

Mailing Address 348 W Hayley's

City State Zip Code  
 Elk Ridge UT 84651

FEC ID number of contributing federal political committee.

C

Name of Employer  
Mountain View HospitalOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.12072

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Danny Jones

Mailing Address 14700 Delmar Street

City State Zip Code  
 Leawood KS 66224

FEC ID number of contributing federal political committee.

C

Name of Employer  
Independence Regional Hlth  
CtrOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.11993

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Katy Kirk

Mailing Address 2428 Old Oregon Trail

City State Zip Code  
Pulaski VA 24301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Pulaski Community Hospital

Occupation  
Mkt/HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12078

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Jay Kirkpatrick

Mailing Address 504 Gardenshire Court

City State Zip Code  
Franklin TN 37069

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HCA Tristar Division

Occupation  
Supply Chain Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.12011

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Krass

Mailing Address 8006 W 113th St.

City State Zip Code  
Overland Park KS 66210

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Research Psychiatric Cent-  
er

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.12065

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional) .....

1075.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Cindy Kreutz		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 900 Potomac St.		<b>Transaction ID:</b> SA11A1.12018 Amount of Each Receipt this Period 750.00
City Aurora	State CO	
Zip Code 80011		
FEC ID number of contributing federal political committee. C		
Name of Employer Spalding Rehab. Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Lavater		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 221 W 48th St, Apt 901		<b>Transaction ID:</b> SA11A1.12175 Amount of Each Receipt this Period 750.00
City Kansas City	State MO	
Zip Code 64112		
FEC ID number of contributing federal political committee. C		
Name of Employer Research Medical Center	Occupation COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Tom Lawhorne		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 6067 Ruebush Rd		<b>Transaction ID:</b> SA11A1.12077 Amount of Each Receipt this Period 350.00
City Dublin	State VA	
Zip Code 24084		
FEC ID number of contributing federal political committee. C		
Name of Employer Pulaski Community Hospital	Occupation CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Patrick Long Mailing Address 6201 Riviera Lane City State Zip Code New Port Richey FL 34655 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Regional Medical Center Bayonet Point Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation CFO Aggregate Year-to-Date ▼ 350.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12139 Amount of Each Receipt this Period 350.00
<b>B.</b> Full Name (Last, First, Middle Initial) Mark Marsh Mailing Address 910 Montclair Drive City State Zip Code Bowling Green KY 42103 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Greenview Regional Hospital Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation CEO Aggregate Year-to-Date ▼ 750.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12119 Amount of Each Receipt this Period 750.00
<b>C.</b> Full Name (Last, First, Middle Initial) Michael Mayo Mailing Address 7996 Pine Lake Rd City State Zip Code Jacksonville FL 32256 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Memorial Hospital Jacksonville Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Occupation Healthcare Aggregate Year-to-Date ▼ 800.00			Date of Receipt M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12204 Amount of Each Receipt this Period 800.00

**SUBTOTAL** of Receipts This Page (optional) .....

1900.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** Joseph Melchiode

Mailing Address 2309 Cordoba Bend

City	State	Zip Code
Weston	FL	33327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univesity HospitalOccupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: SA11A1.12240

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B.** Patricia J. Monczewski

Mailing Address 6023 Wyandotte

City	State	Zip Code
Kansas City	MO	64113

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest Division OfficeOccupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	6

Transaction ID: SA11A1.11985

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**C.** Ed Moyer

Mailing Address 100 Aspen Place

City	State	Zip Code
Calhoun	GA	30701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Redmond Regional Medical  
CenteOccupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	6

Transaction ID: SA11A1.12021

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

A. Full Name (Last, First, Middle Initial)

Natalie Mussi

Mailing Address 2506 W 144th St

City State Zip Code  
 Leawood KS 66224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Independence Regional Health Center

Occupation  
VP Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.11995

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Kevin Orndorff

Mailing Address 204 Wilsonia Avenue

City State Zip Code  
 Nashville TN 37205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TriStar Division

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.12013

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Richard Patterson

Mailing Address 299 Kings Daughters Dr.

City State Zip Code  
 Frankfort KY 40601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frankfort Regional

Occupation  
Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12208

Amount of Each Receipt this Period

350.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Thomas Pentz Mailing Address 142 Godfrey Rd City State Zip Code Edgewater FL 32141 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Lawnwood Regional Medical Center Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 05 / 31 / 2006 <b>Transaction ID:</b> SA11A1.12157 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Debbie Petersen Mailing Address 900 Potomac City State Zip Code Aurora CO 80011 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Spalding Medical Center Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 05 / 10 / 2006 <b>Transaction ID:</b> SA11A1.12016 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Preato Mailing Address 130 Lexington Drive City State Zip Code RPB FL 33411 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Palms West Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt MM / DD / YYYY 05 / 31 / 2006 <b>Transaction ID:</b> SA11A1.12177 Amount of Each Receipt this Period 350.00
<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶		1600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** William Mark Rader

Mailing Address 102 Estates Circle

City State Zip Code  
 Troutville VA 24175

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Lewis-Gale Medical Center

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12075

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B.** Stephen Rector

Mailing Address 3508 Old Course Lane

City State Zip Code  
 Valrico FL 33594

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
South Bay Hospital

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12147

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Tom Rice

Mailing Address PO Box 494960

City State Zip Code  
 Port Charlotte FL 33949

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fawcett Memorial

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12250

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Stephanie Sanderson

Mailing Address 515 S Albany, Unit D

City State Zip Code  
 Tampa FL 33606

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Regional Medical Center  
 Bayonet Point

Occupation  
 Assoc Admin

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12188

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mary Sharp

Mailing Address 1523 Fernwood Court

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Southern Hills Medical Ce-  
 nter

Occupation  
 Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 6

Transaction ID: SA11A1.12009

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nancy Simon

Mailing Address 299 Kings Daughters Dr.

City State Zip Code  
 Frankfort KY 40601

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Frankfort Regional

Occupation  
 Healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 6

Transaction ID: SA11A1.12207

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional) .....

950.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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FOR LINE NUMBER: PAGE 21 / 28

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Danny Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 501 Redmond Rd.		<b>Transaction ID:</b> SA11A1.12020
City Rome	State GA	Zip Code 30165
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Redmond Regional	Occupation Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Rodney R. Smith		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 525 Broadoak Loop		<b>Transaction ID:</b> SA11A1.12060
City Sanford	State FL	Zip Code 32771
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Central Florida Regional Hospital	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Julie Taylor		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address 10426 Carriage Club Dr		<b>Transaction ID:</b> SA11A1.12129
City Lone Tree	State CO	Zip Code 80124
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer TMCA	Occupation Assoc CNO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) R. Carlton Ulmer Mailing Address One Park Plaza City Nashville State TN Zip Code 37203 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Parkridge Medical Center Occupation COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 10 / 2006 <b>Transaction ID:</b> SA11A1.12023 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Bill Voloch Mailing Address 4955 S Malaya Ct City Aurora State CO Zip Code 80015 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Medical Center of Aurora Occupation healthcare Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 31 / 2006 <b>Transaction ID:</b> SA11A1.12133 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Helen Vos Mailing Address 3136 Waterside Cr City Las Vegas State NV Zip Code 89117 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer MountainView Hospital Occupation CNO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 05 / 31 / 2006 <b>Transaction ID:</b> SA11A1.12241 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 23 / 28

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Brenda Waltz Mailing Address 1808 Marion Ct City State Zip Code Bowling Green KY 42103 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Greenview Regional Hospital Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12019 Amount of Each Receipt this Period 1000.00
<b>B.</b> Full Name (Last, First, Middle Initial) Joyce Webber Mailing Address 406 E Bexley Street City State Zip Code Highlands Ranch CO 80126 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Spalding Rehab Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.12015 Amount of Each Receipt this Period 350.00
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey T. Whitehorn Mailing Address 9442 Highwood Hill Road City State Zip Code Brentwood TN 37027 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Southern Hills Medical Center Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6 <b>Transaction ID:</b> SA11A1.11972 Amount of Each Receipt this Period 400.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 28

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Anita Wong

Mailing Address 9945 E Hawaii Pl.

City

Denver

State

CO

Zip Code

80247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Center of AuroraOccupation  
healthcare

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: SA11A1.12128

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Sylvia Young

Mailing Address One Park Plaza

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TMCAOccupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	0	6

Transaction ID: SA11A1.12131

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1350.00

TOTAL This Period (last page this line number only) .....

29375.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 28

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

**A.**

Full Name (Last, First, Middle Initial)

Suntrust Bank

Mailing Address P.O. Box 622227

City

Orlando

State

FL

Zip Code

32862-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.05

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 1 / 2 0 0 6

Transaction ID: SA17.12265

Amount of Each Receipt this Period

178.90

**SUBTOTAL** of Receipts This Page (optional) .....

178.90

**TOTAL** This Period (last page this line number only) .....

178.90

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 28

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

**A.** Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address P.O. Box 622227

City  
Orlando

State  
FL

Zip Code  
32862-2227

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** SB21B.12266

Date of Disbursement

/   /

Amount of Each Disbursement this Period

183.13

**SUBTOTAL** of Disbursements This Page (optional) .....

183.13

**TOTAL** This Period (last page this line number only) .....

183.13

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 28

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF GEORGE ALLEN**

Mailing Address PO BOX 6859

City  
ARLINGTON

State  
VA

Zip Code  
22206

Purpose of Disbursement  
contribution for senate campaign

Candidate Name  
FRIENDS OF GEORGE ALLEN

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 00

Transaction ID: SB23.12260

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. GRASSLEY COMMITTEE INC**

Mailing Address PO BOX 1000

City  
DES MOINES

State  
IA

Zip Code  
50304

Purpose of Disbursement  
fundraiser breakfast

Candidate Name  
GRASSLEY COMMITTEE INC

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: SB23.12267

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. HENRY E. BROWN JR. FOR CONGRESS**

Mailing Address P. O. Box 61886

City  
North Charleston

State  
SC

Zip Code  
29419

Purpose of Disbursement

Candidate Name  
HENRY E. BROWN JR. FOR CONGRESS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 01

Transaction ID: SB23.12262

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 28

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

**A.** JEB BRADLEY FOR CONGRESS

Mailing Address 645 South Main Street

City  
Wolfeboro

State  
NH

Zip Code  
03894

Purpose of Disbursement  
contribution for House candidate

Candidate Name  
JEB BRADLEY FOR CONGRESS

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 01

Transaction ID: SB23.12264

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

4000.00